PRINTED: 01/19/2016 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6000335 12/11/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **512 EAST OGDEN AVENUE** MANORCARE OF WESTMONT WESTMONT, IL 60559 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification STATEMENT OF LICENSURE VIOLATIONS: S 625 Section 300.625 Identified Offenders S 625 1/6/16 This Regulation is not met as evidenced by: 300.625 Identified Offenders m) The facility 's reliance on the Identified Offender Report and Recommendation prepared

n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents.

pursuant to Section 2-201.6(a) of the Act shall not relieve or indemnify in any manner the facility 's liability or responsibility with regard to the identified offender or other facility residents.

This requirement is not met as evidenced by:

Based on interview and record review facility failed to perform and document periodic assessments to evaluate identified offender (IO), risk status and the need to change risk level and supervision needs on one of one identified offender's in facility (R1).

The Findings include;

On 12/08/2015 at 9:30 AM, E1 (Administrator),

Attachment A **Statement of Licensure Violations**

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/22/15

Illinois Department of Public Health

OTATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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	stated facility has only one IO (R1).		alver verbouldere de la constant de			
	R1 was admitted to facility 5/27/2014 with a positive criminal background for "Battery".					
	R1 's 11/17/2014 criminal history analysis report (CHAR), recommendations state: (R1) is a Moderate Risk identified offender, "requires closer supervision and more frequent observation than standard or routine for most residents in an open facility. Regular monitoring should be attentive to behavioral changes that may signal a need for closer observation or sustained visual monitoring on a time limited basis. Periodic assessments should ascertain whether the level of supervision is sufficient. " R1 's CHAR report also states the following specific considerations were important in arriving at this recommendation: (R1), is a 53 year old male whose only conviction was for Battery in 1997. (R1) suffered a CVA (stroke), is a fall risk and uses a wheelchair to ambulate. On November 17, 2014 (R1) threatened to hit a nurse aide and threw a wet gown at the aide. Due to his recent act of aggression (R1) is deemed a moderate risk at					
	this time. R1's current care pehavior symptoms criminal battery con related to the need CHAR recommendation risk level change R1's most recent r (MDS), 11/20/2015,	plan include at risk for related to past history of viction. No interventions listed for increased supervision, the ations or periodic analysis of				

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Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER ILEGO0335 STREET ADDRESS, CITY, STATE, ZIP CODE 12/11/2015 STREET ADDRESS, CITY, STATE, ZIP CODE 512 EAST OGDEN AVENUE WESTMONT, IL. 60559 IL. 60559 ID. PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OBPRICIENCY TAG On 12/08/2015 at 9:50 AM, R1 observed up in wheelchair at bedside. R1 was fully cognizant, able to communicate needs and placed in a room with two other male roommates. On 12/09/2015 at 10:00 AM, E1 stated facility has not completed periodic IO assessments on R1 to evaluate risk level or assessments for aggressive behaviors since the last annual survey (0/17/5/2015). R1's medical records included an 11/27/2015 behavioral incident. This incident report documented R1 had an un-provoked episode of using profanity toward another resident. On 12/10/2015 at 10 AM, E1 stated R1 gets irritated by a certain male resident, so we keep them apart (B)	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY							
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